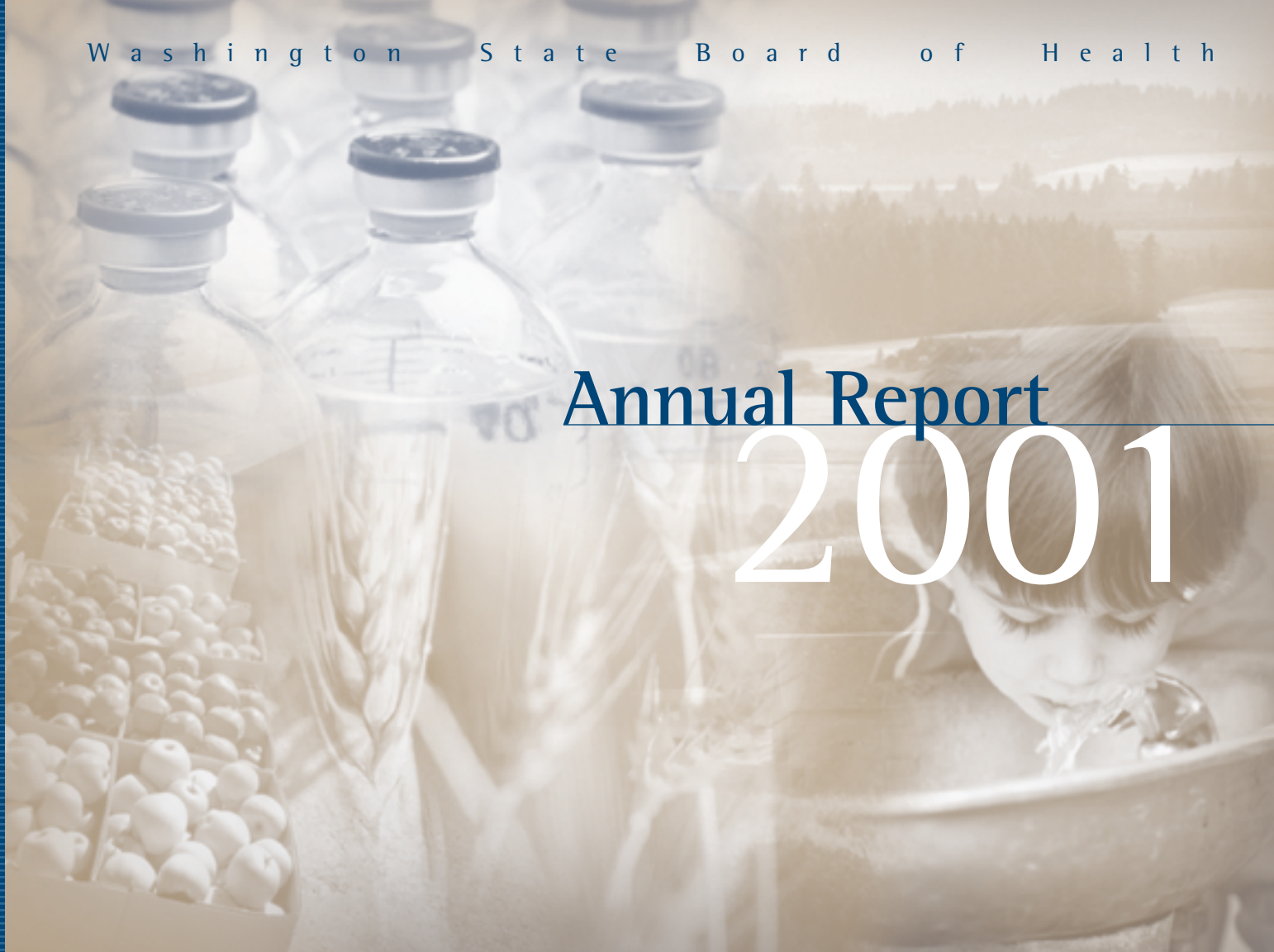


Washington State Board of Health

Annual Report 2001



An Ounce of Prevention

Rarely has public health been so public. Whether testing air quality over Manhattan, ensuring food delivered to rescue workers at the Pentagon is safe, or recognizing and controlling an anthrax outbreak in Florida, public health has been very much in the limelight during the latter part of 2001.

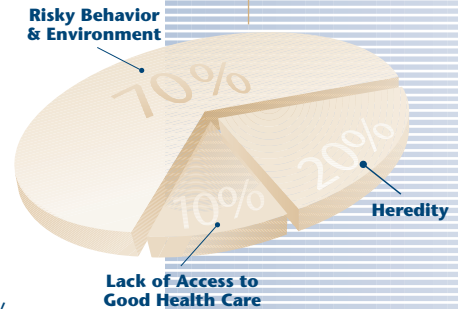
The tools public health has used to respond during the current crises—disease surveillance, laboratory testing, epidemiology, food safety, environmental monitoring, distribution of medicines and vaccines, and more—are the tools public health uses every day as it quietly works around the clock to protect the public's health and safety.

Public health is about understanding and preventing disease and injury across our entire population. It is a public and private partnership that improves health status by applying science to medical practice, personal behavior, and public policy.

A hundred years ago, the average American lived to be 45. Through public health's leadership in communicable disease prevention and control, sanitation, immunization, nutrition, and education,

Even as public health promotes healthier personal choices, it must refocus its efforts to respond to the possible threats posed by communicable diseases.

Causes of Premature Death



the average lifespan in the United States has increased dramatically to 75 years.

Because of advances in preventing premature death from heart disease, can-

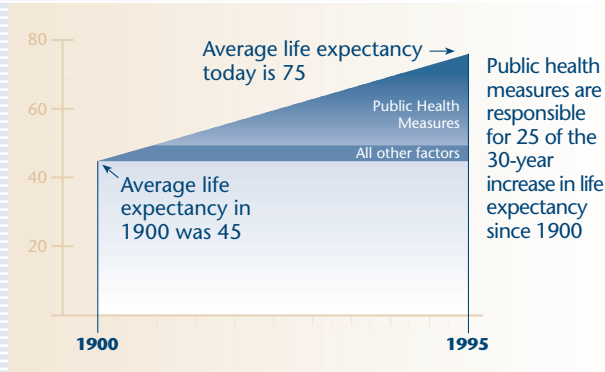
exercise, and environmental pollution.

That is why current public health efforts have tended to focus on assuring healthy environments and promoting healthy behaviors.

At the same time, the anthrax attacks and heightened concerns about terrorism have increased awareness of public health's continuing efforts to confront a traditional enemy—communicable disease. Because of our growing interconnectedness in an increasingly global society, the United States and Washington face a compound threat—from new and re-emerging diseases, from diseases that have become resistant to antibiotics, as well as from the possible use of biological weapons by hostile nations, terrorists, or criminals.

The Board of Health is committed to partnering with the citizens of Washington and with other public health agencies to meet these multiple challenges.

Life Expectancy



cer, stroke and a dozen other illnesses, our lifespan continues to rise. For at least 20 years we have understood that these diseases are caused largely by unhealthy behaviors and unsafe environmental conditions. Public health's enemies today include tobacco use, poor diet, lack of

Some Key Accomplishments

- Hosted conference on genetics technology and privacy
- Spurred multiple efforts to diversify health care workforce
- Recommended environmental justice guidelines for state and local agencies
- Investigated options for promoting well-child checkups for school-age children
- Called for improved disaster preparedness and public health readiness
- Developed model brochure for parents about well-child checkups



The Board is part of a statewide network of public health agencies that are always working to provide a safer and healthier Washington.

The Board's Book of Business

The Washington State Constitution promises the people that their state government will provide for public health and welfare. The Constitution establishes the State Board of Health to help lead this effort.

The Board has ten members, nine of whom the governor appoints to three-year terms—two representing consumers, one representing elected city officials, one representing elected county officials, one representing local health officers, and four representing health and sanitation. The tenth member is the secretary of the Washington State Department of Health.

The Board divides its time between three related responsibilities—rule making, policy development, and providing a public forum through which citizens can help shape state health policy. The Board is an active partner in our state's network of state and local public health agencies that work together to provide a safer and healthier Washington.



**Visit the
State Board of Health
on the Web:
www.doh.wa.gov/SBOH**

Rule Making

The Board is responsible for a wide range of health rules. These rules describe a system that alerts us to new disease threats, protects the health of our food and drinking water, prevents and controls the spread of communicable diseases, ensures that our children receive appropriate and timely health screenings and immunizations, keeps septic systems from contaminating streams and groundwater, and enhances the safety of a wide range of facilities Washingtonians use every day—swimming pools, schools, restaurants, camps, pet shops, outdoor concert venues, hotels and resorts, and more.

Policy Development

The Board's duties include the development of health policy in Washington State. In recent years, the Board has focused its policy activities to help point the way to a limited number of strategic opportunities for public health improvement. Every two years, a Board planning process identifies high-priority areas for policy development. For the 1999-2001 biennium, the priorities were communicable disease reporting, reducing disparities in health status, environmental justice, access to critical health services, children's health and well-being, and improving our public health infrastructure.

During spring 2001, Board staff members conducted

extensive research to identify critical issues facing public health in Washington. That research reaffirmed the importance of existing priorities and helped the Board set priorities for 2001-2003—health disparities, genetics and privacy, children's health and well-being, access to critical health services, and environmental health.

Every two years, the Board is responsible for generating a state health report for the governor. The report is intended by law to provide guidance to agency heads as they develop budgets and craft request legislation for the upcoming biennium. The Board is collaborating with the Governor's Subcabinet on Health to produce a state health report for January 2002 that can help shape priorities for the 2003-2005 biennial budget.

Public Engagement

A central part of the Board's mandate is to invite the public into the policy development process. Its meetings around the state provide a forum for public testimony on any health subject and it regularly holds public hearings on specific topics. It takes seriously its commitment to engage stakeholders and the general public in all rule making, and state government looks to the Board to convene forums on emerging health issues such as health care access and the policy implications of emerging genetic technologies.

2001 Rule Reviews

- Communicable Disease Control in Emergencies
- Auditory and Visual Screening
- Scoliosis Screening
- Newborn Screening
- Vital Statistics
- Prenatal Testing
- On-site Sewage
- Water Recreation
- Transient Accommodations
- HIV Counseling and Testing Standards for Pregnant Women
- Food Code

The Board often delegates portions of the rule review process to the Department of Health.

PRIORITY PROJECTS:

Health Disparities

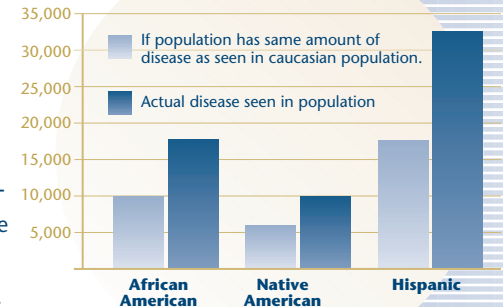
Health disparities is a term that describes a disproportionate burden of disease, disability, and death among a particular population or group.

Racial and ethnic minorities make up roughly one-fifth (18 percent) of Washington State's population. Yet their disease burden is significantly higher. For some ethnic groups, the incidence of a particular disease may be five times the rate for Caucasian residents. The infant mortality rates for African Americans and American Indians/Alaskan Natives in Washington, for example, are twice the rate for Caucasians.

Many complex factors interact to produce health disparities. The diversity of the health care workforce is one of those factors. Research shows that a diverse health care workforce can improve the health status of racial and ethnic minorities.

In May 2001, the Board adopted its Final Report on Health Disparities. The report documents the severity of health disparities in Washington. It also demonstrates that people of color are underrepresented in our state's health care workforce and underserved by its

Minorities Bear a Greater Burden of Disease



“Research demonstrates that diverse health care workers are more likely to serve diverse communities.”

— Joe Finkbonner,
R.Ph., M.H.A., Board Member

health care system. The report identifies multiple opportunities to build a more diverse health care system, including recruitment and retention programs that serve students of color.

The Board held its May meeting at Lincoln High School, which serves an extremely diverse and low-income area of Tacoma. Students from Lincoln and other schools testified about the importance and effectiveness of academic and professional development programs. Organizations represented at the May meeting created internship opportunities for virtually every student present who requested one.

The health disparities work is a prime example of the impact the Board's policy recommendations can have on activities across the state. Through synergies and direct influence, the Board's health disparities work has increased the attention paid to health care workforce diversity and inspired efforts to encourage students of color to consider health careers:

- **The Department of Health created Project Hope, a program that matches students with internships at local public health districts.**
- **The Department of Health Health Systems Quality Assurance division incorporated diversity into its vision statement.**
- **The Workforce Training Board added a diversity component to efforts to address nursing shortages.**
- **Tacoma–Pierce County Public Health launched an internship program that had been under discussion and partnered with Lincoln to provide programs about public health careers.**
- **The Washington Dental Service Foundation focused scholarship programs on students of color and is exploring ways to fund student recruitment and retention programs.**
- **The Washington Health Foundation initiated a health disparities program and the Group Health Foundation is exploring making health disparities a priority.**
- **A report on the personnel crisis facing Washington's hospitals, issued by the Washington State Hospital Association and Association of Washington Public Hospital Districts, spoke to the importance of increasing diversity and acknowledged the Board's work.**

The State Board of Health Recommends:

1. Enumerate composition of health care workforce
2. Establish guidelines for health career development programs
3. Facilitate training and credentialing of people with prior health care experience
4. Create Graduate Medical Education incentive pool
5. Develop a health care workforce diversity report card
6. Coordinate health care workforce diversity efforts

*The complete report is on the Web at:
[www.doh.wa.gov/sboh/priorities/
disparities/disparities.htm](http://www.doh.wa.gov/sboh/priorities/disparities/disparities.htm)*



PRIORITY PROJECTS:

Children's Health and Well Being

One of the most effective ways to assure healthy citizens and communities is to safeguard the health of children. It is critical that Washington's children have access to preventive health care that allows them to grow into adults with healthy bodies and healthy lifestyles. An early start is the best start.

The Board of Health determines, through its rule making process, the health screenings and immunizations required for children before birth, after birth, at school entry, and during a child's years in school. In 2000, the Board went beyond establishing basic screening requirements and developed a comprehensive list of clinical preventive services for children birth to age 10. The list is based on the most current evidence about what works.

During 2001, the Board explored ways to

increase the likelihood that children will receive the services on the list. One avenue the Board investigated was requiring well-child examinations for students entering school. It commissioned research on school entry requirements in other states, and found that 23 states require that school children receive well-child checkups, and of those, 13 require comprehensive exams that include specific components similar to those on the Board's list. It also produced a booklet for parents describing a typical well-child exam for a five-year-old and it assisted an interagency team designing a pilot study of school-entry requirements.

The Board completed an initial review of rules governing screenings for scoliosis and visual and auditory disorders (it delegated both to DOH for housekeeping) and initiated rule reviews for vital statistics, prenatal tests, and newborn screening.

Recommended Screenings

- Periodic health history, physical exam, nutritional consultation, and developmental assessment
- Mental/behavioral health and family well-being
- Health risk behaviors
- Communicable and infectious diseases
- Oral health





The State Board of Health Recommends

- Conduct better agency coordination
- Improve agency capacity to address environmental justice
- Adopt voluntary environmental justice guidelines

The complete report is on the Web at www.doh.wa.gov/sboh/priorities/ejustice/ejustice.htm

PRIORITY PROJECTS:

Environmental Justice

Environmental justice is the fair treatment and meaningful involvement of all people regardless of race, color, national origin or income with respect to the development, implementation and enforcement of environmental laws, regulations, and policies.

Throughout the 1999-2001 biennium, the Board's Committee on Environmental Justice worked closely with the Department of Ecology, other agencies, and community partners to:

- Raise awareness about environmental justice issues in Washington State
- Increase knowledge about environmental justice in state and local government
- Establish voluntary environmental guidelines for use by government agencies
- Build and maintain a Web site with environmental justice resources

This work culminated June 13, 2001 when the Board adopted the committee's final report and recommendations. The report documents that waste and industrial facilities in Washington disproportionately affect low-income and minority communities and that those same communities have striking health problems. The recommendations call for increased interagency cooperation and improved training about environmental justice issues for agency staff. It also recommended guidelines for voluntary adoption by state agencies.

The interagency workgroup on environmental justice, convened by the Board, continues its work and the Board continues to maintain its environmental justice Web site.

PRIORITY PROJECTS:

Access to Critical Health Services

"Access to health care services is a high priority for most Washington citizens," says Board Member Dr. Tom Locke. "In the debate about health care access, we seldom ask, 'Access to what?' Are all health services equally important or are some more important than others?"

The Board took the lead in addressing this issue in 2000 when it adopted a menu of health services critical to community health protection and improvement. The menu was the major part of the Board's contribution to the Public Health Improvement Plan (PHIP) and to the Public Health Standards in Washington State.

During 2001, the Board published its final report on access to critical health services. It continued to serve as the lead for PHIP work around access and promoted its menu as a starting point for local health jurisdictions to assess access to care and initiate community responses to identified gaps. It has also begun working with state purchasing and regulatory agencies to explore other possible uses of the menu—as a tool for assessing access statewide, for example, or as the basis for a state-sponsored insurance product.

Menu of Critical Health Care Services

- Proven clinical preventive screenings and health checks
- General access to primary, emergency, and consultative specialty care
- Behavioral health risk services such as tobacco use prevention
- Communicable and infectious disease prevention and treatment
- Behavioral and mental health services
- Cancer screening and treatment
- Chronic condition and disease management
- Disability assistance
- Oral health promotion and treatment

"In the debate about health care access, we seldom ask, 'Access to what?' Are all health services of equal importance or are some more important than others?"

*— Tom Locke, M.D., M.P.H.
Board Member*

PRIORITY PROJECTS:

Emergency Response and Public Health Capacity

The Board has a longstanding commitment to help ensure that all Washington residents have access to a strong, integrated system of public health and health care programs. The terrorist attacks of September 11 and the subsequent anthrax outbreak underscored the importance of this commitment. Immediately following the attacks, the Board scrutinized our public health and health care readiness. In November, it adopted a report and a resolution calling for protecting, and enhancing when appropriate, the state and local health infrastructure.

This is a continuation of the Board's work to strengthen the public health infrastructure. The Board continues to be part of the Public Health Improvement Partnership, along with the Washington State Department of Health, the Washington State Association of Local Public Health Officials, and the University of Washington. The Board has lead responsibility for defining and promoting measurement of access to critical health services and staff members participate in various PHIP workgroups.

A Board representative sits on the oversight committee for a \$1.3 million federal grant awarded to the state to research health care access and related issues. The Board has agreed to host public forums in 2002 to discuss the findings of that research.

The State Board of Health Recommends

- Adopt "all hazards" approach
- Federally fund state and local programs
- Preserve existing public health programs
- Protect public health funding
- Promote health care surge capacity
- Review Board rules

The complete emergency response report is on the Web at www.doh.wa.gov/sboh/pubs/EP_report.pdf

"We are certainly not unprepared to deal with bioterrorist threats, but I think we have a long way to go before our system could be described as fully prepared."

— Tom Locke, M.D., M.P.H.
Board Member

PRIORITY PROJECTS:

Genetics and Privacy

Recent and rapid advances in genetic technologies will have a staggering impact on public health and medicine. They will lead to new ways to identify, manage, and even cure numerous diseases. How do we encourage further research and development of these technologies without encroaching on civil rights and privacy? What should be the ethical limits of genetic medicine? How should society respond when genetics information is used inappropriately?

During 2001, the Board emerged as a leading forum for discussing the public policy implications of these kinds of questions. On January 5, the Board hosted a daylong conference called "Learning to Live with the Human Genome: Well Reasoned Prudence or Future Shock?"

The state's 2001-03 budget contains a proviso requiring the Board to convene "a broad based task force to review the available information on the potential risks and benefits to public and personal safety, and to individual privacy, of emerging technologies involving human deoxyribonucleic acid (DNA)." The Board has adopted a work plan and assembled a task force that is scheduled to hold its first meeting in January 2002. The task force will report its findings to the Board and to appropriate legislative committees in October 2002.

The Legislature directed the Board to convene a task force to review the potential risks to privacy and potential benefits of emerging DNA technologies.

Balancing Health and Privacy



Better Health Care

Personal Privacy Protection

State Board of Health

Looking Forward: 2002 and Beyond

During spring 2001, staff members conducted 75 key informant interviews and surveys and reviewed and summarized dozens of recent studies and reports. In July, the Board chose five priority work areas based on that research: Health Disparities, Access to Critical Health Services, Children's Health and Well Being, Environmental Health, and Genetics and Privacy. During the fall of 2001, the Board adopted work plans for each of these areas. Key activities for 2002 include:

- **Convening a statewide task force on the privacy risks and health benefits of emerging genetic technologies**
- **Supporting the Health Care Workforce Diversity Network and other efforts to enrich the health care workforce**

- **Holding public forums to discuss findings and recommendations from the state planning grant on health care access**
- **Supporting efforts of other agencies to assess the feasibility and advisability of requiring checkups for children entering kindergarten**
- **Discussing numerous possible applications for the Board's suggested menu of critical health services.**
- **Contributing to the Public Health Improvement Partnership and advancing its work on access standards**
- **Identifying and promoting ways to encourage children to eat well and maintain a healthy weight**
- **Reviewing rules in many areas, including newborn screening, immunizations, communicable disease control, on-site sewage, and food safety**

2002 Meeting Schedule

Jan. 9, Olympia
Feb. 13, Olympia
Mar. 13, Olympia
Apr. 10, Olympia
May 8, Kent
June 12, Gray's
Harbor County
July 10, Colville
Aug. 8, Kent
Sept. 11, Skagit County
Oct. 9, Wenatchee
Nov. 13, Shoreline
Dec. 4, Kent

Meetings in italics are tentative. Meeting dates and locations are subject to change.
See www.doh.wa.gov/sboh for updates.

"The Board works best when we work in collaboration with our partners in public health."

— Linda Lake, M.B.A.,
Board Chair



Front row left to right: Dr. Charles Chu, DPM; Mary Selecky; Vickie Ybarra, RN, MPH; Carl Osaki, RS, MSPH; The Honorable Margaret Pageler, JD. Back row left to right: Dr. Ed Gray, MD; Dr. Thomas Locke, MD, MPH; Linda Lake; Joe Finkbonner, R.Ph, MHA. Not pictured: The Honorable Neva J. Corkrum.

*The ten-member
State Board of Health
helps efforts to
understand and
prevent disease across
our entire population.*

Membership

Consumers

Linda Lake, M.B.A, Chair, has 25 years of experience in the field of health and social services. She has directed several community health and social service organizations, including the Pike Market Medical Clinic.

Joe Finkbonner, R.Ph., M.H.A., is an independent consultant focusing on Native American health issues. He has served as chair of the American Indian Health Commission, director of the Lummi LIFE Center, and chief executive officer of the Lummi Indian Business Council.

Elected County Officials

The Honorable Neva J. Corkrum, Vice Chair, is a Franklin County commissioner and member of the Benton-Franklin Health District Board of Health.

Elected City Officials

The Honorable Margaret Pageler, J.D., is president of the Seattle City Council and a member of the Board of Public Health in Seattle and King County.



Mary Selecky (left)
and Linda Lake.

Department of Health

Mary C. Selecky is secretary of the Washington State Department of Health and former administrator of Northeast Tri-County Health District.

Health and Sanitation

Charles R. Chu, D.P.M., a practicing podiatrist, is president of the Washington State Podiatry Independent Physician Association.

Ed Gray, M.D., is health officer for the Northeast Tri-County Health District and chair of the Basic Health Plan Advisory Committee.

Carl S. Osaki, R.S., M.S.P.H., former director of environmental health for Public Health—Seattle & King County, is on the faculty at the University of Washington.

Vickie Ybarra, R.N., M.P.H., is director of planning and development for the Yakima Valley Farm Workers Clinic.

Much of her work is dedicated to supporting children and families.

Local Health Officers

Thomas H. Locke, M.D., M.P.H., is health officer for Clallam and Jefferson counties and medical director of the Port Gamble S'Klallam tribal health program.

Board Staff

Don Sloma, M.P.H.

– Executive Director

Craig McLaughlin, M.J.

– Senior Health Policy Manager

Doreen Garcia, M.P.P.

– Senior Health Policy Advisor

Marianne Seifert, M.A.

– Health Policy Advisor

Desiree Day Robinson

– Executive Assistant to the Board

Jennifer Dodd

– Assistant to the Board



Washington State Board of Health

1102 SE Quince St.

PO Box 47990

Olympia, WA 98504-7990

Telephone: 360-236-4110

Fax: 360-236-4088

E-mail: wsboh@doh.wa.gov

Web: www.doh.wa.gov/sboh/

